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PATENT TRADEMARK OFFICE

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Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/056,155
	Filing Date	01/24/2002
	First Named Inventor	Arshad Madni
	Group Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	29	Attorney Docket Number 534334-024

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) FORMAL	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	return postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	The Commissioner is hereby authorized to charge any additional fees required (including the fee for any extension of time), or to credit any overpayment, to Deposit Acct No.: 20-0809.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Thompson Hine LLP 2000 Courthouse Plaza NE, 10 West Second Street Dayton, Ohio 45402-1758
Signature	
Date	4/9/02

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <input type="text" value="4/9/02"/>	
Typed or printed name	Theodore D. Lienesch, Reg. No. 28,235
Signature	Date 4/9/02

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27805

PATENT TRADEMARK OFFICE

PTO/SB/17 (10-01)

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2002</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p>	<p>Complete if Known</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>10/056,155</td></tr> <tr><td>Filing Date</td><td>01/24/2002</td></tr> <tr><td>First Named Inventor</td><td>Arshad Madni</td></tr> <tr><td>Examiner Name</td><td></td></tr> <tr><td>Group Art Unit</td><td></td></tr> <tr><td>Attorney Docket No.</td><td>534334-024</td></tr> </table>	Application Number	10/056,155	Filing Date	01/24/2002	First Named Inventor	Arshad Madni	Examiner Name		Group Art Unit		Attorney Docket No.	534334-024
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<p style="text-align: center;">METHOD OF PAYMENT</p> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: <input type="text" value="20-0809"/></p> <p>Deposit Account Name: <input type="text" value="Thompson Hine LLP"/></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p style="text-align: center;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Entity Code (\$)</th> <th>Small Entity Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101 740</td><td>201 370</td><td>Utility filing fee</td><td><input type="text"/></td></tr> <tr><td>106 330</td><td>206 165</td><td>Design filing fee</td><td><input type="text"/></td></tr> <tr><td>107 510</td><td>207 255</td><td>Plant filing fee</td><td><input type="text"/></td></tr> <tr><td>108 740</td><td>208 370</td><td>Reissue filing fee</td><td><input type="text"/></td></tr> <tr><td>114 160</td><td>214 80</td><td>Provisional filing fee</td><td><input type="text"/></td></tr> <tr><td colspan="3" style="text-align: right;">SUBTOTAL (1)</td><td><input type="text" value="(\$).00"/></td></tr> </tbody> </table> <p>2. EXTRA CLAIM FEES</p> <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td>-20** = <input type="text"/></td> <td>X <input type="text"/></td> <td>= <input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td>-3** = <input type="text"/></td> <td>X <input type="text"/></td> <td>= <input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td></td> <td></td> <td>= <input type="text"/></td> </tr> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Entity Code (\$)</th> <th>Small Entity Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103 18</td><td>203 9</td><td>Claims in excess of 20</td><td><input type="text"/></td></tr> <tr><td>102 84</td><td>202 42</td><td>Independent claims in excess of 3</td><td><input type="text"/></td></tr> <tr><td>104 280</td><td>204 140</td><td>Multiple dependent claim, if not paid</td><td><input type="text"/></td></tr> <tr><td>109 84</td><td>209 42</td><td>** Reissue independent claims over original patent</td><td><input type="text"/></td></tr> <tr><td>110 18</td><td>210 9</td><td>** Reissue claims in excess of 20 and over original patent</td><td><input type="text"/></td></tr> <tr><td colspan="3" style="text-align: right;">SUBTOTAL (2)</td><td><input type="text" value="(\$).00"/></td></tr> </tbody> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p>	Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid	101 740	201 370	Utility filing fee	<input type="text"/>	106 330	206 165	Design filing fee	<input type="text"/>	107 510	207 255	Plant filing fee	<input type="text"/>	108 740	208 370	Reissue filing fee	<input type="text"/>	114 160	214 80	Provisional filing fee	<input type="text"/>	SUBTOTAL (1)			<input type="text" value="(\$).00"/>	Total Claims	Extra Claims	Fee from below	Fee Paid	<input type="text"/>	-20** = <input type="text"/>	X <input type="text"/>	= <input type="text"/>	<input type="text"/>	-3** = <input type="text"/>	X <input type="text"/>	= <input type="text"/>	<input type="text"/>			= <input type="text"/>	Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid	103 18	203 9	Claims in excess of 20	<input type="text"/>	102 84	202 42	Independent claims in excess of 3	<input type="text"/>	104 280	204 140	Multiple dependent claim, if not paid	<input type="text"/>	109 84	209 42	** Reissue independent claims over original patent	<input type="text"/>	110 18	210 9	** Reissue claims in excess of 20 and over original patent	<input type="text"/>	SUBTOTAL (2)			<input type="text" value="(\$).00"/>	<p style="text-align: center;">FEE CALCULATION (continued)</p> <p>3. 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SUBMITTED BY		<i>Complete (if applicable)</i>	
Name (Print/Type)	Theodore D. Lienesch	Registration No. (Attorney/Agent)	28,235
Signature		Telephone	(937) 443-6958
		Date	4/9/02

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

Applicant : Arshad Madni
Serial No. : 10/056,155
Filed : 01/24/2002
Title : AMPLIFIER
Docket No. : 534334-024

BOX MISSING PARTS
Assistant Commissioner for Patents
Washington, D.C. 20231

**RESPONSE TO NOTICE TO FILE MISSING PARTS
OF NONPROVISIONAL APPLICATION**

This paper is submitted in response to the Notice to File Missing Parts of Nonprovisional Application dated 02/22/2002 (copy enclosed). Enclosed is the executed Declaration and Power of Attorney that was missing from this application, along with a copy of the Specification, Claims, Abstract, and Drawings as filed on 01/24/2002. Attached is a check in the amount of \$130.00 for the appropriate surcharge.

The applicants hereby authorize the Commissioner under 37 C.F.R. §1.136(a)(3) to treat any paper that is filed in this application which requires an extension of time as incorporating a request for such an extension.

The Commissioner is authorized to charge any additional fees required by this paper (including the fee for any additional extension of time) or to credit any overpayment to Deposit Account No. 20-0809.

Respectfully submitted:

Date: April 9, 2002

By: _____

Theodore D. Lienesch
Reg. No. 28,235

THOMPSON HINE LLP
2000 Courthouse Plaza N.E.
10 West Second Street
Dayton, Ohio 45402-1758
Telephone: (937) 443-6958
Facsimile: (937) 443-6635



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WASHINGTON, D.C. 20231
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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/056,155	01/24/2002	Arshad Madni	534334-024(ALS0 JSR.P5132

CONFIRMATION NO. 9472

27805
THOMPSON HINE L.L.P.
2000 COURTHOUSE PLAZA , N.E.
10 WEST SECOND STREET
DAYTON, OH 45402

FORMALITIES LETTER



OC00000007521519

Date Mailed: 02/22/2002

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- o The oath or declaration is unsigned.
- o To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- o **The balance due by applicant is \$ 130.**

*A copy of this notice **MUST** be returned with the reply.*

M-WAILE

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

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